



**Kitchenuhmaykoosib Inninuwug Dibenjikewin Onaakonikewin (KIDO)
Maamao Dibenjikewin Kanawaabajikewin (MDK)**

External Agencies: NOTICE OF ENTRY FORM

Name: _____

Please check your organization:

<input type="checkbox"/>	Independent First Nations
<input type="checkbox"/>	Independent First Nation Alliance
<input type="checkbox"/>	Sioux Lookout First Nations Health Authority
<input type="checkbox"/>	Tikinagan
<input type="checkbox"/>	Nishnawbe Aski Nation
<input type="checkbox"/>	Nishnawbe Aski Legal Services Corporation
<input type="checkbox"/>	Coroner's Office
<input type="checkbox"/>	Doctor/nurse
<input type="checkbox"/>	Counsellor
<input type="checkbox"/>	Other, please list:

Job title/ Position: _____

Date and Time of **Arrival**: _____ : _____ AM PM
(Day/ Month / Year)

Date and Time of **Departure**: _____ : _____ AM PM
(Day/ Month / Year)

Contact with a KIDO file: Yes No Don't Know N/A

If yes, how many: _____

Please briefly describe purpose of business in KI:

Proper etiquette will be to send this form to noticeofentry@kido.ca at least 24 hours prior to your arrival. If the form is not provided ahead of time, please do so once you arrive in KI. Forms are available online @ www.kibt.ca/dibenjikewin-onaakonikewin or at the KIDO office at 111 Aakammatin Rd M-F 9-5pm.

Questions? Call the KIDO office directly: (807)537-0037